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(D	d- No.	
(Requestor's Name)		
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: (City/State	/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business	Entity Name)	
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Certified Copies	Certificates of Status	
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2012 FEB -6 RD RE UB
SECRETARY OF STATE
WATER ABASSET FLORIDA

T. CLINE

FEB, - 7 2012

EXAMINER

COVER LETTER

SUBJECT: PM Realt	er tietker y Group - South-Florida; E.l.c.C	a Contract a Caralle Telephone Comi	1464
द्वा विस्पर्य हैं। करें। "		d Liability Company	
	f Organization and fee(s) are st	abmitted for filing.	
	ondence concerning this matte		
Patricia Rains			
	1	Name of Person	
PM Realty Grou	p - South Florida, L.L.C.		
		Firm/Company	
1000 Main Stre	et, Suite 2400		
		Address	
Houston, TX 770	02		2017 \$55
	City	State and Zip Code	MILYS NO.
cbrewster@pmrp			-
	E-mail address: (to be used fo	r future annual report notification)	177. 100 m
•	concerning this matter, please	call:	
Patricia Rains	of Person	at (713 ————————————————————————————————————	ber 5
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certifica (additional copy is enclosed) Certified	Filing Fee, ate of Status & A Copy at copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PM Realty Group - South Florida, L.L.C.		
(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	·	
The mailing address and street address	s of the principal office of the Limited Lia	ibility Company is:
Principal Office Address:	Mailing Address:	
1000 Main Street, Suite 2400	1900 Main Street, Suite 2400	
Houston, TX 77002	Houston, TX 77002	
The name and the Florida street address C T Corporation Sys 1200 South Pine Islan	tem Name	2012 FEB - 6 A
Flori	da street address (P.O. Box NOT acceptable)	
	Plantation FL 33324	
	City, State, and Zip	6.0
liability company at the place design	ent and to accept service of process for the o gnated in this certificate. I hereby accept th his capacity. I further agree to comply with complete performance of my duties, and I an	e appointment as the provisions of all

(CONTINUED)

Page 1 of 2

State of the state

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing Member			
MGR	James C. Gunn		
	1000 Main Street, Suite 2400		
	Houston, TX 77002		
		_	
		_	
		_	
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the da	te of filing: (OPT)	(ONAL))
(If an effective date is listed, the date must be s	pecific and cannot be more than five busines	. ເ	prior
to or 90 days after the date of filing.)	State Control Control State Control	912	
	in the second se	-	1.27.7
REQUIRED SIGNATURE:		çoo	usananan,
REQUIRED SIGNATURE.	<u>하연</u>	9	li man
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Str			Langer 1
Signature of a member o	r an authorized representative of a member.	夏上	٠. ,
constitutes an affirmation under the	8(3), Florida Statutes, the execution of this document e penalties of perjury that the facts stated herein are truing submitted in a document to the Department of State	ee.	
James C. Gunn, Manager			
Typed	or printed name of signee		

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)